

Uniform Household Goods Bill of Lading

**Customer:** This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document **it is important that you first read the entire document, including the back**, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

Rights and Responsibilities Guide (customer must sign this section)

The carrier gave me, or I declined, a copy of the brochure “Your Rights and Responsibilities as a Moving Company Customer”  
Signature of customer: \_\_\_\_\_

FROM	TO
Customer: _____	Customer: _____
Pick Up Address: _____	Delivery Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Stops At: _____	Storage-In-Transit At: _____
<b>WEIGHT OF SHIPMENT:</b> (Weight Tickets Attached) Gross Weight _____ Lbs. Weighmaster _____ Tare Weight _____ Lbs. Weighmaster _____ Net Weight _____	JOB CODE _____ PICKED UP BY _____ PACKED BY _____ ORDER BOOKED BY _____
	DATE _____ TRIP NO. _____ DRIVER _____ EQUIP. NO. _____
<b>Expedited shipment:</b> Moving at weight of _____ pounds. Actual weight is: _____ pounds. Agreed to by customer: _____ Customer's Signature: _____	<b>TIME RECORD</b> LABORERS & VAN (Complete start and stop time chart below) REG HOURS @ _____ PER HOUR = CHARGES _____ OVERTIME HRS @ _____ PER HOUR = CHARGES _____ Person 1: Start Time _____ Stop Time _____ Total Hours _____ Person 2: Start Time _____ Stop Time _____ Total Hours _____ Person 3: Start Time _____ Stop Time _____ Total Hours _____ Person 4: Start Time _____ Stop Time _____ Total Hours _____
<b>Exclusive Use:</b> Customer requests exclusive use of vehicle by signing below: Customer's Signature: _____	

<div>◀ <b>Note: The customer must indicate choices made on the items shown below by initialing the appropriate line.</b> ▶</div> <div><b>PAYMENT:</b> The customer and carrier agree that payment, at time of delivery, will be made by: _____ cash _____ money order _____ certified check _____ credit card _____ personal check _____ business check _____ debit card If credit arrangements are made, bill to: NAME: _____ ADDRESS: _____</div> <div><b>ESTIMATES:</b> The customer must initial the option selected:  _____ I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract. _____ I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate. _____ I understand this shipment is moving under a <b>non-binding estimate</b>. <b>NOTE:</b> If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.</div> <div><b>VALUATION:</b> The customer must initial the option selected:  _____ <b>Basic value protection.</b> I release this shipment to a value of 60 cents per pound per article. _____ <b>Depreciated Value Protection.</b> I release this shipment to a value of \$2 per pound times the shipment weight. or; _____ I declare a lump sum total dollar valuation on this entire shipment of: \$ _____ and select the following option: _____ <b>Replacement Cost Coverage with a \$300 Deductible</b> (Declared value must be at least \$3.50 times weight of shipment.) _____ <b>Replacement Cost Coverage</b> with no deductible. (Declared value must be at least \$3.50 times weight of shipment.)</div> <div><b>STORAGE:</b> If shipment will be placed in storage, the customer must initial the option selected:  _____ This shipment is to be placed in storage for a period of less than 90 days (storage in transit). _____ This shipment is to be placed in storage for more than 90 days (permanent storage). _____ This shipment is to be placed in storage in transit for an unknown period of time, I understand that on the 91st day of storage the shipment becomes permanent storage.</div>	<div><b>Details of packing and packing materials</b></div> <table><tr><th>Description</th><th>Quantity</th><th>Rate</th><th>Amount</th></tr><tr><td>Dish pack</td><td></td><td></td><td></td></tr><tr><td>Cartons - Less than 3 cubic feet</td><td></td><td></td><td></td></tr><tr><td>3 cubic feet</td><td></td><td></td><td></td></tr><tr><td>4-1/2 cubic feet</td><td></td><td></td><td></td></tr><tr><td>6 cubic feet</td><td></td><td></td><td></td></tr><tr><td>6-1/2 cubic feet</td><td></td><td></td><td></td></tr><tr><td>Wardrobe cartons</td><td></td><td></td><td></td></tr><tr><td>Mattress cartons - crib</td><td></td><td></td><td></td></tr><tr><td>Mattress cartons - twin</td><td></td><td></td><td></td></tr><tr><td>Mattress cartons - double</td><td></td><td></td><td></td></tr><tr><td>Mattress cartons - queen</td><td></td><td></td><td></td></tr><tr><td>Mattress cartons - king</td><td></td><td></td><td></td></tr><tr><td>Glass containers minimum</td><td></td><td></td><td></td></tr><tr><td>Glass containers _____ cubic feet</td><td></td><td></td><td></td></tr><tr><td>Boxes or crates minimum</td><td></td><td></td><td></td></tr><tr><td>Boxes or crates _____ cubic feet</td><td></td><td></td><td></td></tr><tr><td>Appliance packing materials</td><td></td><td></td><td></td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td colspan="3">Total packing and materials charges →</td><td></td></tr><tr><td colspan="4"><b>Details transportation, valuation and services provided:</b></td></tr><tr><td>Service:</td><td></td><td></td><td></td></tr><tr><td>Transportation _____mi. Wt. _____</td><td></td><td></td><td></td></tr><tr><td>Trans. storage-in-transit shipment</td><td></td><td></td><td></td></tr><tr><td>Warehouse to destination: _____ mi.</td><td></td><td></td><td></td></tr><tr><td>Storage-in-transit, 30 days or fraction</td><td></td><td></td><td></td></tr><tr><td>Warehouse handling in/out</td><td></td><td></td><td></td></tr><tr><td>Storage valuation charges</td><td></td><td></td><td></td></tr><tr><td>Extra stops</td><td></td><td></td><td></td></tr><tr><td>Hoisting or piano handling</td><td></td><td></td><td></td></tr><tr><td>Stairs, elevators, long carries</td><td></td><td></td><td></td></tr><tr><td>Transportation valuation charges</td><td></td><td></td><td></td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td colspan="3">Total for transportation, valuation, services →</td><td></td></tr><tr><td colspan="3"><b>TOTAL BOTH SECTIONS</b></td><td></td></tr><tr><td colspan="3">LESS AMOUNT PREPAID</td><td></td></tr><tr><td colspan="3"><b>BALANCE DUE FROM CUSTOMER</b></td><td></td></tr></table>	Description	Quantity	Rate	Amount	Dish pack				Cartons - Less than 3 cubic feet				3 cubic feet				4-1/2 cubic feet				6 cubic feet				6-1/2 cubic feet				Wardrobe cartons				Mattress cartons - crib				Mattress cartons - twin				Mattress cartons - double				Mattress cartons - queen				Mattress cartons - king				Glass containers minimum				Glass containers _____ cubic feet				Boxes or crates minimum				Boxes or crates _____ cubic feet				Appliance packing materials				Other:				Total packing and materials charges →				<b>Details transportation, valuation and services provided:</b>				Service:				Transportation _____mi. 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All goods were received in good condition, except as noted on this contract or on the inventory form.

Receipt for goods _____	Delivery receipt _____
Driver's signature _____ Date _____	Customer's signature _____ Date _____
Damage noted: _____	